CONTINUING EDUCATION COURSE APPROVAL APPLICATION- ADDITIONAL COURSE OFFERINGS ARKANSAS NURSING HOME ADMINISTRATOR LICENSURE PROGRAM

If submitting a conference with concurrent sessions for approval, each session must be submitted as a separate application. The DPSQA/OLTC CE authorization is for the specific program/workshop/seminar listed below. If you wish to obtain CE authorization for this program/workshop/seminar for a different date and time, you are required to submit an application for each additional date and time. DPSQA/OLTC's CE authorization is not valid for any other professional use.

This form must accompany the full Nursing Home Administration Continuing Education Course Approval Application. The Additional Course Offerings addendum will not be accepted otherwise.

SECTION 1: PROVIDER INFORMATION							
Provider Name	e						
Contact Person	ı						
Mailing Addre	SS						
City				Stat	e	Zip Code	
Telephone						·	
Email Address					Website		
SECTION 2: COURSE INFORMATION							
Course Title							
Course Author							
Course Host/S	ponsor						
Speaker/Preser	nter Name(s)						
(Do not write "se	e attached"; all						
speakers must be	declared on the						
form)							
Course Date				Re	gistration Fee?	Yes	No
Time	AM	Time			tal time minus:		
Begins		Ends		Brea	ks, lunch, registration, and		
-	PM		1	PM	ation		
Course Title							
Course Author							
Course Host/S	ponsor						
Speaker/Preser	nter Name(s)						
(Do not write "see							
speakers must be	declared on the						
form)							
Course Date				Re	gistration Fee?	Yes	No
Time	AM	Time			tal time minus:		
Begins		Ends		Brea	ks, lunch, registration, and		
-	PM			PM evalu	ation		
Course Title							
Course Author							
Course Host/S	•						
Speaker/Preser							
(Do not write "see							
speakers must be	declared on the						
form)							
Course Date				Re	gistration Fee?	Yes	No
Time	AM	Time	,		tal time minus:		
Begins		Ends		Brea	ks, lunch, registration, and		
	PM		1	PM evalu	ation		